

Breakout Session

Relationship Management: Clarifying Expectations

The following report outlines the agenda, feedback and work done in the Relationship Management Breakout Session. During the session three work groups were formed to address the topics of communication/relationships, contracts, and performance measures. Each group was asked to identify the top 5 suggestions for improving the issue/topic addressed.

Everyone is invited and encouraged to review the minutes below and send comments and feedback related to any of the areas addressed. Since not everyone could be in every work group, we anticipate there will be additional situations, issues, needs and priorities identified. Anyone interested in working with us to address any of these priorities, please contact me specifying your interests by December 1, 2005. DMHA will be inviting interested individuals to participate with DMHA staff to problem solve and find ways to address priorities in a manner that better meets everyone's needs.

Feedback/comments and/or interest in being a member of a team to address priorities can be directed to Debbie Herrmann at debra.herrmann@fssa.in.gov.

Mental Health Systems Transformation Breakout Session

Relationship Management: Clarifying Expectations

Agenda

10-18-05

1. Welcome - Introduction/Overview of session (5 minutes)
2. Each Work Group to meet concurrently for 45 minutes. Please identify the top 5 suggestions for improving the issue/topic addressed.
 - Work Group 1. If you were to change the current relationship and communication with DMHA how would it be different/what would it look like? Opportunities/Challenges
 - Work Group 2. If you were to change the current contracts with DMHA, how would they be different? (for example: expectations and accountability)
 - Work Group 3. Performance Reporting - Using current data collected:
 1. How do you know when you are successful in providing care to consumers? (10 minutes)
 2. How should DMHA know when you are successful in providing care to consumers (10 minutes)
 3. How do consumers know when you are successful in providing care for them/their family (10 minutes)
3. END PRODUCT: Each work group will identify and report on their selected top 5 topic responses (30 minutes)
4. Wrap up/Next steps (5 minutes)

MINUTES

**Relationship Management Breakout Session:
Work Group 1. Focus on Relationships and Communication
Debbie Herrmann/Tony Toomer**

[illegible]

[illegible]

	signature <ul style="list-style-type: none"> • More timely contracting process • MBEWBE clarification and feasible rate • DMHA be given charge and ability to be a powerful force to advocate for mentally ill in Indiana • Lack of consistent enforcement - "hopes and wishes" • Allocation Formulary needs to be clear with accountability for implementation • Incentives need to match public policy objectives • Expectation of service delivery does not match resources • Need to clarify federal and state expectations and differentiate which is which • If state guidelines or directives conflict with federal requirements, the state should share in the risk if the conflict results in any provider penalty 		
--	--	--	--

**Relationship Management Breakout Session:
Work Group 3. Focus on Performance Measures
Jack Vandeventer/Mike Ferry**

Situations	Issue	Need	Values	Who
What ever questions we ask the consumer and send as data DMHA should add value to consumer treatment			HIGH	

should be used as an electronic system health care and reported once				
State vs. DMHA. Reporting requirements (DOC, DFC, OMPP, DMHA) not one consistent set of data, not even within FSSA.		Empower DMHA to be the one repository of all MH and addictions accountability metrics for the state - entire state	HIGH	
Evidence-Based protocols are mandated by DMHA and its contractor without defining desired outcomes / Cost micromanagement	Change fidelity measures to outcomes	Fidelity measures are expensive and don't result in outcomes (psychiatrist time, training costs)	HIGH	
Government scandal in other parts of FSSA and other parts of State government result in more and more bureaucratic requirements placed on DMHA and its providers making doing business with the state more costly and less efficient.		Punish the offending part of state government instead of all of state government and the agencies that do business with the state.		
Centers are punished for doing a good job (e.g. Centers that do a good job of keeping consumers out of the hospital can't get SOF agreements, can't get ACT teams)		Is ACT really needed? Reward Outcomes & Good Performance	HIGH	
Provider, consumer satisfaction surveys.	No good measure of family satisfaction. Consumer satisfaction reports are not done in a timely manner.	Haven't defined success. Families are not involved	Reports need to be hybrid. Surveys need to occur closer to when treatment occurs.	
Consumer family expectations	Consumer & family expectations	Haven't defined success. Families are not involved	Reports need to be hybrid	

	shaped by media			
GAF scores could replace HAPI scores		Need a functionally assessment score with high inter-rated reliability	HIGH	
HAPI scores are not good measures of outcomes Time consuming			HIGH	
Consumer report card is not timely we have to contract to get consumer feedback more quickly	In State, Statue, Federal required	Get something quickly from client in timely manner (6 months or quicker)	MEDIUM	
Diverse computer systems				
Has a detailed system of performance measures for 10 providers				
Can monitor metrics consumer satisfaction utilization				
Enrollment data is collected by DMHA but not report back		Stop it or use it. We want access to the data. We want useful reports.		
Outcomes are defined by federal requirements				
Low & no service report has not got a threshold				
Focus for DMHA is on low functioning / high cost individuals	Doesn't give a good economic return to society	Need to focus on higher functioning people. Can't do it politically or sociologically.		